ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
|  |  |  |  |
| FEE DETERMINATION |  |  |  |
| O.I.P.E. CLASSIFIER |  | 2/3 | 1/14/01 |
| FORMALITY REVIEW | A M | 917 | 01-31-01 |
| RESPONSE FORMALITY REVIEW |  | 676 | 05/01/01 |
|  |  |  |  |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ ........................... Rejected | N ............................. Non-elected |
| = ........................... Allowed | I ............................. Interference |
| — (Through numeral)... Canceled | A ............................. Appeal |
| ÷ ........................... Restricted | O ............................. Objected |



BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)